Pro-Life Wisconsin

Defending them all...

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Testimony in Opposition to SB 232: Chemical Abortion Pharmacist Mandate
Senate Committee on Health, Human Services, Insurance, and Job Creation
By Matt Sande, Director of Legislation
March 5, 2008

Good morning Chairman Erpenbach and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to speak against Senate Bill (SB) 232. This counterfactual and unconstitutional legislation would force all licensed Wisconsin pharmacists, regardless of their medical and moral judgment, to dispense the morning-after pill and other FDA-approved abortifacient contraceptive drugs. The legislation also redefines the statutory definition of abortion to exclude all FDA-approved contraceptive drugs and devices. Violators would be subject to current law standard of practice penalties ranging from forfeitures to license revocation.

Hormonal birth control and its abortion causing effect:

It is a medical fact that the morning-after pill (a high dosage of the birth control pill) and most if not all birth control drugs and devices including the intrauterine device (IUD), Depo Provera, the Patch, and the Pill can act to *terminate* a pregnancy by chemically altering the lining of the uterus (endometrium) so that a newly conceived child (human embryo) is unable to implant in the womb, thus starving and dying. This mechanism of action is termed a pre-implantation chemical abortion.

One need only explore the websites of individual abortifacient brand-name drugs to verify their abortion causing effect. The most commonly used emergency contraceptive pill package is Plan B. The website for this drug regimen clearly indicates that it can work to prevent a fertilized egg (a human embryo) from implanting in the uterine wall:

> *Source: www.go2planb.com under "What is Plan B®" then go to "How Plan B® Works:"*
> Plan B® works like a regular birth control pill. It prevents pregnancy mainly by stopping the release of an egg from the ovary, and may also prevent the fertilization of an egg (the uniting of sperm with the egg). ***Plan B® may also work by preventing it*** *[fertilized egg]* ***from attaching to the uterus (womb)*** *(emphasis added).* It is important to know that Plan B® will not affect a fertilized egg already attached to the uterus; it will not affect an existing pregnancy.

The package insert of LO/OVRAL-28, a standard birth control pill manufactured by Wyeth Laboratories, also describes the mechanism of the drug:

> LO/OVRAL-28: Combination oral contraceptives act by suppression of gonadotropins. Although the primary mechanism of this action is inhibition of ovulation, other alterations include **changes in** the cervical mucus (which increase the difficulty of sperm entry into the uterus) and **the endometrium (which reduce the likelihood of implantation)** (emphasis added).

While admitting that hormonal birth control can inhibit the implantation of a fertilized egg, the makers of these drugs claim that they do not cause an abortion. For example, they argue that emergency contraception "prevents pregnancy" or "will not affect an existing pregnancy." However, they intentionally define the term "pregnancy" as ***implantation*** of a fertilized egg in the lining of a woman's uterus, as opposed to "pregnancy" beginning at ***fertilization***.

Whether one understands pregnancy as beginning at "implantation" or "fertilization," the heart of the matter is when human life begins. Embryological science has clearly determined that human life begins at fertilization – the fusion of an egg and sperm immediately resulting in a new, genetically distinct human being. This is not a subjective opinion, but an irrefutable, objective scientific fact. Accordingly, any artificial action that works to destroy a human embryo is abortifacient in nature.

Excluding the morning-after pill and other abortion-causing birth control drugs from the legal definition of abortion does not change the fact that they can and do cause early chemical abortions. Simply wishing something to be true does not make it so.

Federal and state constitutional protections of religious expression and liberty of conscience:

Senate Bill 232 clearly violates the First Amendment of the United States Constitution which guarantees the right to freely exercise one's religious convictions. It further violates our Wisconsin Constitution which expressly protects the rights of conscience. Under Article 1, Section 18 of our state constitution "any control of, or interference with, the rights of conscience" shall not be permitted.

These individual conscience rights are enshrined in our state and federal constitutions for good reason – to secure liberty in a free nation. Whether or not legislators agree or disagree with specific moral objections, their sworn oaths to the state and federal constitutions command them to respect and protect them. They can't pick and choose which conscience rights to protect or reject. This legislation pushes us down the slippery slope which ultimately ends in the obliteration of any and all conscience rights.

Manufacturing a problem in need of a solution:

What problem is this bill trying to solve? Conscientious pharmacists exercise their refusal to dispense birth control in a peaceful, non-judgmental and professional manner. **They typically have accommodations in place with their employers so that customers can access contraceptives from other pharmacists on staff or, if no other pharmacist is available, from other nearby pharmacies. Senate Bill 232 would completely abrogate any and all good-faith accommodations between pharmacists of conscience and their employers**. In other words, if it isn't broke, don't fix it.

This bill is not about access to birth control at all. Birth control is everywhere – even the morning-after pill is now accessible over the counter for those aged 18 and over. We have 1-800 "EC" hotlines that diagnose and prescribe the morning-after pill over the phone for those under the age of 17. What this bill is really about is forcing pro-life pharmacists to cast aside any moral or medical qualms about birth control and do the bidding of the birth control industry.

Pharmacists, like doctors and nurses, are valued members of the professional health care team who should not be forced to choose between their consciences and their livelihoods. No pharmacist should have to daily check his or her conscience at the door. Just as a woman's legal right to a surgical abortion does not compel a hospital to provide one, a woman's legal right to abortifacient drugs and devices should not compel a pharmacist to dispense them. We must not force pharmacists to participate in what they know to be the killing of another person.

According to Karen Brauer, president of Pharmacists for Life International (PFLI), pharmacists who refuse to dispense birth control to their female customers do so out of concern for the health of

their female patients. "There are countless deaths of women from the birth control pill because it causes blood clots," said Brauer, explaining that many pharmacists' opposition to the pill and morning-after pill is based on both professional and moral concerns.

Warning that pharmacists would exit the profession if similar federal legislation were to be enacted, Brauer said, "There will be no more pharmacists. We are smart and we can get other jobs. The biggest victims are the patients who will be losing pharmacy services."

According to a study by Pharmacy Manpower Project Inc. out of Western University of Health Sciences in Pomona, California, Wisconsin is one of a few states where the pharmacist shortage is most severe. On a scale of one to five — with one equal to high supply of pharmacists and five equal to high demand — Wisconsin scored a 4.6, meaning that it's difficult to fill its open positions. Passage of SB 232 will only exacerbate Wisconsin's acute pharmacist shortage, hampering our state's ability to recruit and retain quality pharmacists.

Thank you for your consideration and I would be happy to answer any questions committee members may have for me.

March 5, 2008

To: **Members, Senate Committee on Health, Human Services, Insurance, and Job Creation**

From: **Matthew Thill, PharmD**

Re: **In Opposition to Senate Bill 232: Birth Control Protection Act**

Good morning Chairman Erpenbach and committee members. Thank you for the opportunity to submit my written opposition to Senate Bill 232. I am a licensed pharmacist in the state of Wisconsin, and currently work as a staff clinical pharmacist at a hospital in Marshfield, Wisconsin. This bill has negative consequences for the profession of pharmacy in this state, and for the reasons listed below I strongly urge you to oppose it.

I am a conscientious objecting pharmacist, and my objection primarily concerns the dispensing of hormonal contraceptives. One of the mechanisms by which hormonal contraceptives work, the "birth control pill", the "morning after pill, the birth control patch and injection, is to prevent the implantation of a fertilized egg, an embryo, into the mother's uterine lining. To be very clear on this point, this means that while receiving these types of drugs, a woman can ovulate and the egg can be fertilized. Because of the effects of these drugs, the embryo most likely will not implant into the mother's uterine lining.

My faith, which has helped to form my conscience, teaches that human life begins at the moment of fertilization, not at implantation, and that medications that act in this manner can end human life in its earliest stages. To me, these medications cause chemical abortions. For this reason, as a practicing Catholic pharmacist I conscientiously object to dispensing contraceptives and emergency contraceptives.

Not only do hormonal contraceptives have the ability to end human life in its earliest stages, but I also believe they are both dangerous and demeaning to women. They are dangerous because of the side effects the user may experience which include increased risks of cancer, heart attack, stroke, and pulmonary embolism which can be lethal, among many other side effects. They are demeaning to women because implicit in their use is the inference that a woman's fertility is a defect, something that should be covered up and medicated; that it is a disease and should be treated as such. This is not a group of drug products I would want my wife, friends or family members to use.

I have been practicing as a pharmacist now for almost 3 years. I have had this same objection as a student during my pharmacy school clinical rotations, my year as a pharmacy resident, and my current position as a staff clinical pharmacist. I have had no problems to this date concerning my objections. My current employer recognizes the right of any staff member to request not to participate in aspects of patient care which

conflict with an individual's religious beliefs. When taking my current pharmacy position, my manager and I sat down together and discussed my concerns. A plan was then drafted that addressed what actions I would take when faced with situations I could not participate in because of my religious beliefs. An accommodation was made at that point, one that has been effective so far. Through this agreement the needs of the patient and my employer, as well as my needs have been met.

Senate Bill 232 completely disregards the deeply held religious beliefs of conscientious objecting pharmacists. As I just explained, my employer and I were able to design a plan where the needs of an objecting pharmacist, the employer, and the patient were all satisfied. This bill would at the very least ignore the pharmacist, and potentially create a pharmacist versus patient and patient versus pharmacist atmosphere. Instead of pharmacists working with their employers and colleagues to protect deeply held religious convictions, it mandates that pharmacists of conscience go against their belief system and participate in what they consider to be morally wrong. My right to freely exercise my religious convictions would be ignored.

There is a nationwide shortage of pharmacists, and Wisconsin is no exception to this trend. Many pharmacists have been working overtime just to be able to cover all of the shifts necessary to keep pharmacies operating. Pharmacists around the nation will be looking at Wisconsin to see whether or not it is inviting to pharmacists. "If I go to Wisconsin to practice pharmacy, will I be able to follow my conscience? Or, are my beliefs not protected?"

If Senate Bill 232 became law, pharmacists with conscientious objections would have few options, none of them good. They could decide they cannot be a pharmacist and follow their conscience at the same time, ultimately quitting the profession of pharmacy. They could leave Wisconsin to find employment in a state that protects and respects their rights as more state legislatures are doing. Lastly, they could continue on as they currently practice, breaking the law and risking punishment. None of these are good options.

I urge each of you to oppose Senate Bill 232. This bill is not about providing greater access to birth control, or even receiving it more quickly. Accommodations made for conscientious objecting pharmacists already provide access to contraceptives through other pharmacists or other pharmacies. Pharmacists should not have to worry about being fired for their beliefs; they just want to take care of their patients. Some states have already passed laws protecting pharmacists from being forced to violate their beliefs. I hope the members of this committee realize this is not best for pharmacists or patients and oppose Senate Bill 232.

Matthew Thill, PharmD
7987 Hemlock Street
Hewitt, WI 54441

PLANNED PARENTHOOD ADVOCATES OF WISCONSIN

TESTIMONY OF PLANNED PARENTHOOD ADVOCATES OF WISCONSIN
IN SUPPORT OF SB 232
THE BIRTH CONTROL PROTECTION ACT

My name is Chris Taylor and I am the public policy director for Planned Parenthood Advocates of Wisconsin. I appreciate the opportunity to testify before this committee today and provide the perspective of the largest and oldest family planning provider in Wisconsin. Planned Parenthood Advocates of Wisconsin strongly supports SB 232, the Birth Control Protection Act.

Planned Parenthood has a keen interest in making sure that no patient experiences an unintended pregnancy, and we do everything within our power to provide our patients with the direct clinic services and education so that this is avoided. Each year, we serve over 70,000 patients throughout the state by providing breast and cervical cancer screening and cervical cancer treatments, sexually transmitted infection testing and treatment, pregnancy counseling and access to birth control methods, and abstinence-based, age-appropriate sex education.

This bill is really quite simple and does two things: 1) It creates a clarification within the pharmacy practice standards in Wisconsin that pharmacists should not refuse to fill valid, safe birth control prescriptions because of a personal objection to birth control; and 2) Clarifies that the definition of "abortion" under Wisconsin statutes should never include FDA contraceptives. Contraceptives is merely another word for birth control. The Meriam Webster Medical Dictionary defines birth control as "contraceptive devices." The FDA uses these terms "birth control" and "contraceptives" interchangeably on their chart listing all of the contraceptives the FDA has approved.

The bottom line is that this bill ensures that no woman is ever refused her birth control prescription at a pharmacy counter due to a pharmacist's *personal* opposition to birth control in addition to making sure our statutes never consider birth control to be an abortion.

Everyone should be able to support this bill which facilitates a woman's access to safe, legal birth control prescriptions, especially abortion opponents. We know that access to birth control is a key component in making sure women aren't faced with unintended pregnancies. It follows that access to birth control is a key component in reducing the abortion rate as well. Indeed, much of the decrease of the abortion rate has been attributed to women having greater access to birth control. Over 90% of American women use some form of birth control during their child bearing years. Without access to birth control, the average woman would have between 12 and 15 children in her lifetime.

For some women, access to birth control is a matter of life or death. Besides preventing pregnancy, birth control pills are used to address serious and painful health conditions, such as endometriosis. Some women take birth control because they have medical conditions or are going through serious medical treatments, such as chemotherapy, and pregnancy threatens both their life and the life of the fetus.

Access to birth control and the abilities of women to plan and space pregnancies has contributed to improved maternal, infant and family health. Planned pregnancies make for healthier mothers and babies, because there is more of a focus on prenatal care. For example, prior to the availability of birth control, there were 31.6 maternal deaths per 100,000 births. That rate has been reduced by 69% to 9.9 maternal deaths per 100,000 births. In addition, 24.7 infants died per 1,000 live births. In 2001, that number has declined to 6.8 infant deaths per 1,000 live births. (U.S. Census Bureau, 2004).

Finally, the ability to plan and control fertility has given women access to a broader range of life choices including education and employment opportunities. In 1965, without access to birth control, 26.2 million women participated in the work force. By 2003, that number had increased to 68.3 million women. (U.S. Census Bureau, 2004). Wisconsin actually has the 5th highest percentage of women in the workforce in the country. More than one-half of employed women provide for at least half of their household income. Between 1960 and 2003, the number of women who completed four or more years of college quadrupled from 5.8% to 25.7%.

Unfortunately, in the last several years there have been renewed efforts by some to restrict a woman's access to birth control. The bill's necessity has emerged because of a few well publicized instances where women have been refused their valid birth control prescriptions by pharmacists who are personally opposed to the use of hormonal birth control pills. In these cases, women have not only been refused their pills—but also berated and harassed by the refusing pharmacists.

It is important to state at the out set of this discussion that pharmacists are a critical part of the health care chain. Planned Parenthood Advocates of Wisconsin's support of this bill is in no way a criticism of most of the pharmacists throughout this state who work tirelessly every day to ensure that their patients get the best possible health care. Most pharmacists place the health care needs of their patients as their paramount consideration in their pharmacy practice. Current Wisconsin law details the scope of professional practice of pharmacists, which includes such integral duties as interpreting prescription orders, providing information on drugs and devices, making therapeutic alternate drug selections and conducting drug regimen screenings. Stat. § 450.01(16). All of these duties create the important role that pharmacists play in our health care delivery system and SB 232 doesn't disturb these professional duties whatsoever.

No where in current Wisconsin law, however, is a pharmacist given authority to refuse to dispense a prescription because of a personal, as opposed to a professional, objection to the prescription. Senate bill 232/AB 467 simply clarifies the duty a pharmacist has to dispense a valid prescription for any federal Food and Drug Administration approved contraceptive unless the prescription is contraindicated for that particular patient in the pharmacist's *professional* opinion. This bill ensures that the personal beliefs of the pharmacist don't jeopardize patient health and care while preserving the professional duties of pharmacists.

This bill is consistent with existing Wisconsin law. Under Wisconsin law *and* Wisconsin and national ethical codes, pharmacists clearly have a duty to facilitate patient access to safe and valid prescriptions. In addition to the Wisconsin statutes cited above, Wisconsin law establishes a duty upon pharmacists to refrain from conduct that is dangerous to the health, welfare, or safety of patients and the public and to act within the standard of care ordinarily exercised by pharmacists. Wis. Admin. Code Phar. §10.03 (2). These standards provide no exception for a pharmacist who harms a patient because he or she had personal objections to the prescription at issue. There is also a duty on pharmacists not to discriminate on the basis of the gender. Wis. Admin. Code Phar. Sec. 10.03(9).

Despite these laws, we still see instances of renegade pharmacists in Wisconsin refusing to fill valid birth control prescriptions based solely on their personal opposition to the use of birth control pills. Perhaps the most egregious case is that of Neil Noesen, the Menomonie pharmacist who refused to fill or transfer a young woman's birth control prescription in 2005. Despite eventually being disciplined by the Pharmacy Examining board, Noesen continued his dangerous behavior in other pharmacies in Wisconsin and on more than one instance cited the law's lack of an explicit prohibition from refusing to fill a birth control prescription based on his personal beliefs as justification for his behavior.

Although the overwhelming majority of pharmacists in Wisconsin recognize that they have an ethical duty to their patients to make sure they have access to their safe, legal birth control prescriptions, a pattern of refusals in our state is concerning enough to warrant clarification in the laws. No patient should have to go from pharmacy to pharmacy to try to get her safe, legal birth control prescription filled. In accordance with the ethical code that governs the profession, the practice of pharmacy should be patient centered and focus on the health care needs of the patient, not the personal beliefs of the pharmacist. This bill is narrowly crafted to effectuate that ethical code, while still respecting the professional autonomy of licensed pharmacists in Wisconsin.

The second prong of this bill makes clear that the definition of "abortion" under Wisconsin law does not include contraceptives. After years of maneuvering by anti-birth control special interest groups, and the legislators they support, the definitions of "abortion" and "contraception" have become very blurred in our statutes. While legitimate health care organizations like the American Medical Association and the American College of Obstetricians and Gynecologists explain that birth control pills act to prevent pregnancy, opponents of birth control refer to it as "chemical abortion" and vow to restrict access to it. No legitimate medical organization in the United States supports the false belief that birth control pills cause an abortion. Thus, it has become increasingly necessary to clear up the law to ensure that the definition of contraception is not included in the definition of abortion within the Wisconsin statutes.

Finally, the public health community and the public at large strongly support this bill. The Medical Examining Board and the Pharmacy Examining Board both have taken positions supporting this bill and urging passage. Both the Wisconsin Public Health Association and the Wisconsin Association of Public Health Departments and Boards have registered in support of this bill.

The public also overwhelming supports this bill. In a June, 2007 Mark Mellman Poll of 600 likely Wisconsin voters, 84% of voters supported requiring pharmacists to dispense safe, legal birth control prescriptions without harassment or delay and 86% of voters support efforts to increase access to family planning services like birth control.

This bill is good for women and makes good policy sense. Please support SB 232.

Thank you.

Katie Simons
Testifying in Support of AB 232
March 5, 2008

Hi my name is Katie Simons and I am the co-chair of VOX: Voices for Planned Parenthood at The University of Wisconsin-Madison.

I believe that birth control is an important part of comprehensive health care for women. Safe and legal birth control is widely prescribed across the country and many students at the University of Wisconsin depend on access to this medication. Like many other types of medicine, the decision to prescribe birth control is based on a mutual agreement between a woman and her doctor.

I believe that it is essential for women to have control over their own fertility. Access to safe and legal birth control gives women the ability to make the important decision regarding when and if she chooses to become pregnant. It is my belief that pharmacists have the obligation to dispense legal, safe prescribed medication regardless of their individual personal beliefs.

It is essential that pharmacists provide women with the respect and care they deserve. Please support Senate Bill 232- The Birth Control Protection Act

Thank you for the opportunity to express my opinion today.

Good Afternoon.

Thank you for giving me this opportunity to speak in support of SB 232.

My name is Christie Olsen and I am a nurse practitioner in Wisconsin. In my professional capacity as a nurse, I have specialized in women's reproductive health. Reproductive health care is really just part of general health care for women. Cervical cancer screenings, sexually transmitted testing and treatment and access to birth control are critical components of a woman's general health care.

Many of the patients I have seen over the years have been low-income women who have struggled to access basic preventive health care services like birth control. These patients have struggled with many factors, from affordable access to health care to transportation issues to child care. Any additional obstacle that creates other hardships to health care, such as a pharmacist who refuses to dispense a valid, safe birth control prescription, may result in them not getting access to the health care they need. We should be doing everything in our power to make sure all women who want access to birth control get it while dismantling any barriers that exist. This bill is one step closer to accomplishing that goal.

Birth control pills do not cause abortion, but prevent a pregnancy from happening in the first place. It seems that we all should be able to agree to that and do everything in our power to make sure women can get access to the birth control they need. Further, many women need access to birth control not just to prevent pregnancy, but to treat painful medical conditions like endometriosis. Some women with certain medical conditions, such as cancer, simply should not get pregnant, as I pregnancy could endanger treatment options and their lives.

As a nurse practitioner, I am licensed by the state for the privilege of providing health care to patients. As a result of the special status I have and the great responsibility I have to provide health care, I assume certain ethical precepts central to the nursing profession. The first is the principle of informed consent. That is that I need to give my patients information about all of their health care options. Indeed, it is not my role to make their health care decisions for them. It certainly is not my role to withhold certain treatment options available to them and appropriate for them because I personally disagree with that option. That is simply not the role of a health care professional.

I strongly support SB 232 and ask that you all support this bill. Thank you.

Respectfully submitted,

Christie Olsen

Good Afternoon.

My name is Dr. Elizabeth Pritts. I appreciate the opportunity to testify today in support of SB 232 which requires that pharmacists fill safe, legal contraceptive prescriptions and clarifies that contraceptives are excluded from the definition of abortion under state statutes. I strongly support this bill.

I am double Board certified by the American Board of Obstetrics and Gynecology in general Obstetrics and Gynecology as well as Reproductive Endocrinology and Infertility. I currently practice medicine at the Wisconsin Fertility Institute. My past academic appointments include Assistant Professor, Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility at the University of Wisconsin Medical School, Madison WI; Clinical Fellow, University of California at San Francisco; Instructor, Yale University School of Medicine. I am the author of 28 scientific publications and have lectured across America on a variety of topics related to female reproduction and fertility. I have attached a copy of my Curriculum vitae.

Some of the opponents of this bill mistakenly state that combination oral contraceptives can induce abortion. This is inconsistent with the medical scientific facts. Oral contraceptives, including currently available emergency contraception, work primarily by stopping or delaying ovulation and to a much lesser degree by preventing fertilization and implantation of a fertilized egg—also known as conception. They work before conception occurs—hence the name "contraception."

Oral contraceptives do not cause abortions—or the termination of a pregnancy- after implantation or conception. As a matter of fact, Reproductive Endocrinologists around the world routinely use both progesterone and estrogen in doses very like the ones found in oral contraceptives, to support pregnancies once they occur in the patients we treat.

There are some who have suggested that because birth control pills could potentially interfere with a fertilized egg's implantation into the wall of the uterus, birth control pills can cause an abortion.

There is not one legitimate medical association in the United States which supports this mistaken notion that contraceptives cause abortions, including the American College of Obstetricians and Gynecologists (ACOG) or the American Medical Association. Simply put, a woman is not pregnant until that fertilized egg implants in the wall of the uterus.
My patients, most of who struggle with infertility, know that fact all too well. For a woman undergoing In Vitro Fertilization, a common fertility treatment, her eggs are removed from her ovaries and combined with sperm in a laboratory. The goal is to produce fertilized eggs that are then transferred back into her uterus which implant in the wall of the uterus and result in a pregnancy. Though our patients may have several fertilized eggs, they are not pregnant until that fertilized egg implants in the wall of the uterus and pregnancy results.

In fact, birth control can be an important part of a patient's fertility treatment. We often use birth control in the first part of an In Vitro Fertilization cycle to increase pregnancy rates. We obviously would not be using birth control as part of a conception plan if this drug caused an abortion, as our patients are trying to conceive. Timely access to birth control is an important part of a patient's protocol on the hopeful road to having a baby.

It is also important to note that during my daily practice, I use oral contraceptives to treat many female health disorders, including endometriosis, pelvic pain, excessively dangerous menstrual bleeding, abnormal hair growth. I use it to prevent cancer of the uterus and ovaries and to maintain healthy bone development. To allow a pharmacist to deprive a woman of appropriate treatments for these many conditions because of the mistaken assumption that these pills cause abortions is sanctioning suboptimal health care for the women of Wisconsin.

FDA regulation requires that medication abortion—also known as RU-486 or mifepristone—be dispensed and administered exclusively by doctors, not pharmacists. For that reason, it is a fallacy to suggest that pharmacists in Wisconsin are being asked to fill prescriptions for abortion causing pills.

In terms of pharmacists being required to fill safe, legal birth control prescriptions, although the personal beliefs of pharmacists are to be respected, theirs is not the viewpoint that matters most in the clinical encounter. Health care providers, including pharmacists and physicians like myself, have a social contract with the general public to provide for the welfare of our patients. Much of our education was subsidized by public tax dollars and our licenses to practice are awarded by the state. And as such, we have a moral and ethical responsibility to provide the care that meets the needs of our patients, as long as it is sound medically, does not endanger the patient and is permitted by the laws that govern medical and pharmacy practice.

It is a critical component of medical ethics that the beliefs of the patient take priority over the agenda or creed of the health care provider. There are plenty of other professions where the needs of others do not come first, but this ethical precept is central to providing health care. Patients have a basic human right to expect us to do our jobs in their best interest.

SB 232 is a common sense bill that makes sure no patient's health is ever jeopardized because of the personal belief of a pharmacist.

Thank you.

Elizabeth Pritts, M.D.

CURRICULUM VITAE

Elizabeth Anna Pritts, M.D.
3146 Deming Way
Middleton Wisconsin 53562
Founder: Wisconsin Fertility Institute

Children

Taina Pritts, Midlyne Pritts

Education

1985-1989	Bachelor of Arts Double Major: Microbiology and Immunology University of California at Berkeley Berkeley, California Cum laude
1990 - 1994	Medical Degree Jefferson Medical College of Thomas Jefferson University Philadelphia, Pennsylvania
1994 - 1998	Residency Obstetrics and Gynecology Yale New Haven Hospital New Haven, Connecticut
1998 - 1999	Fellowship Reproductive Endocrinology and Infertility Advanced Laparoscopic and Hysteroscopic Procedures Yale New Haven Hospital New Haven, Connecticut
2000-2002	Fellowship Reproductive Endocrinology and Infertility University of California at San Francisco San Francisco, California

Academic Appointments

2002- 2006	Assistant Professor Department of Obstetrics and Gynecology University of Wisconsin at Madison Madison, Wisconsin

2000-2002 Clinical Fellow
Department of Obstetrics and Gynecology
University of California at San Francisco
San Francisco, California

1998 - 1999 Instructor
Department of Obstetrics and Gynecology
Yale University School of Medicine
New Haven, Connecticut

Hospital Appointments

2002-present Attending Physician
Meriter Hospital
Madison, Wisconsin

2002-2006 Assistant Professor/Attending
University of Wisconsin Hospital
Madison, Wisconsin

2000-2002 Clinical Fellow/Attending
Moffitt/Long Hospital
San Francisco, California

1999-2000 Attending Physician
Baylor University Medical Center
Dallas, Texas

1998 - 1999 Attending Physician
Yale New Haven Hospital
New Haven, Connecticut

1998 - 1999 Attending Physician
Hospital of St. Raphael
New Haven, Connecticut

Professional Honors and Prizes

2002-2006 Madison Magazine: Top Doctor, Elizabeth Anna Pritts, MD

Who's Who Journal: 2004-2005.

World Congress of Endometriosis Annual Meeting, March, 2002. First Prize Paper. Epithelial -stromal interactions induce RANTES expression in endometriosis. Zhao D, **Pritts EA**, Hornung D, Taylor RN.

Marine Biological Laboratory; Chosen as one of 16 international scholars for the course "Frontiers in Reproduction". May - July 1999.

Yale New Haven Hospital; "Clinical Excellence Award", awarded to the outstanding clinician of the graduating class of OB/GYN Residency 1998.

Yale New Haven Hospital; "Special Excellence in Endoscopic Procedures" awarded to the outstanding laparoscopist of the graduating class of OB/GYN Residency 1998.

Hospital St. Raphael Award; given for outstanding performance by a Senior Resident at the affiliate hospital, June 1997.

Highest Honors in Surgery, Obstetrics and Gynecology, Psychiatry, Urology, Pathology, Anesthesiology, and Internal Medicine Clerkships, Jefferson Medical College, 1992 - 1994.

First Place; West Valley Dance Competition, Saratoga, CA, 1986.

Scholarships and Grants

The Graduate School University of Wisconsin Madison; $32,017; July 2006; Endometrial Angiogenesis in Women with Normal and Abnormal Uterine Bleeding.

National Research Service Award; $75,000; 2000-2002.

National Institute of Health Scholarship; $52,500; Contraceptive and Infertility Research, 2000-2002.

The Endocrine Society; Full Scholarship for Study; Growth Hormone and Growth Factor Metabolic Disorders; June 2001.

Academic Scholarship; $3000; Health Sciences Consortium, University City Science Center, Philadelphia, PA, 1992.

Academic Scholarship; $5000; Jewish Family Services of San Francisco, CA, 1990 - 1994.

Dance Grant for excellence in dancing; $2500; Ballet of Arts, Oakland, CA, 1986 - 1988.

Bibliography

PUBLICATIONS

- **Peer Reviewed Publications**

(1) Oschner JE, Riher JM, Kliewer MA, Winter TC, **Pritts EA**, Olive DL, Sadowski EA. Evaulation of infertility in women with dynamic multi-phase MR Hysterosalpingography: Initial experience. Radiology. In Press

(2) Peters K, Ross RV, Olive DL, **Pritts EA**. Ovulatory abnormal uterine bleeding and microvascular density of the endometrium. Submitted to Gynecol Obstet Invest.

(3) **Pritts EA**, Ryan IP, Mueller MD, Lebovic DI, Shifren JL, Zaloudek CJ, Korn AP, Darney PD, Taylor RN. Angiogenic Effects of norplant contraception on endometrial histology and uterine bleeding. J Clin Endocrinol Metab 2005; 90(4):2142-2147.

(4) Evans ML, **Pritts EA**, Tittinghoff E, McClish K, Morgan KS, Jaffe RB. Management of postmenopausal hot flushes with venlafaxine hydrochloride: a randomized controlled trial. Obstet Gynecol 2005; 105(1):161-166.

(5) **Pritts EA**, Zhao D, Sohn SH, Chao VA, Waite LL, Taylor RN. Peroxisome proliferators-activated receptor-gamma ligand inhibition of RANTES production by human endometriotic stromal cells is mediated through an upstream promoter element. Fertil Steril 2003: 80(2):415-20.

(6) Mueller MD, **Pritts EA**, Zaloudek CJ, Dreher E, Taylor RN. Regulation of Vascular Endothelial Growth Factor by Tamoxifen in vitro and in vivo. Gynecol Obstet Invest 2003; 55(2):119-24.

(7) Mueller MD, Vigne JL, **Pritts EA**, Chao V, Dreher E, Taylor RN. Progestins activate vascular endothelial growth factor gene transcription in endometrial adenocarcinoma cells. Fertil Steril 2003; 79:386-92.

(8) Zhao D, **Pritts EA**, Chao VA, Savouret JF, Taylor RN. Dioxin stimulates RANTES expression in an in-vitro model of endometriosis. Mol Hum Reprod 2002; 8:849-54.

(9) Pritts EA, Zhao D, Ricke E, Waite L, Taylor RN. PPAR γ decreases endometrial stromal cell transcription and translation of RANTES in vitro. J Clin Endocrin Metab 2002; 87:1841-4.

(10) Macones G, Schemmer G, **Pritts EA.** Multifetal Reduction of Triplets and Perinatal Outcome. AJOG 1993; 169:982-6.

(11) Zweifel JE, Rathert MA, Klock SSC, Walaski HP, **Pritts EA**, Olive DL, Lindheim SR. Comparative assessment of pre- and post- donation attitudes towards potential oocyte and embryo disposition and management among ovum donors in an oocyte donation programme. Hum Reprod 2006 May; 21(5):1325-7.

(12) Wei AY, Schink JC, **Pritts EA**, Olive DL, Lindheim SR. Saline contrast sonohysterography and directed extraction, resection and biopsy of intrauterine pathology using a Uterine Explora Curette. Ultrasound Obstet Gynecol 2006 Feb; 27(2):202-5.

(13) Adsuar N, Zweifel JE, **Pritts EA**, Davidson MA, Olive DL, Lindheim SR. Assessment of wishes regarding disposition of oocytes and embryo management among ovum donors in an anonymous egg donation program. Fertil Steril 2005 Nov; 84(5):1513-6.

- **Review Articles**

(1) Einstein MH, **Pritts EA**, Hartenbach EM. Venous Thromboembolism prevention in gynecologic cancer surgery: A systematic review of the evidence. Gtynecologic Oncology. In Press.

(2) Olive DL, Parker W, **Pritts EA.** Fibroids and infertility: An updated systematic review of the evidence. Fertil Steril, In Press.

(3) Ross R, Olive DL, Lindheim SL, **Pritts EA**. Cornual gestation: A systematic review of the literature and 2 case reports of a novel treatment modality. J. Min. Invasive Gynecol 2006; 13(1):74-8.

(4) Chlouber RO, Olive DL, **Pritts EA**. Investigational drugs for endometriosis. Expert Opin Investig Drugs 2006 April; 15(4):339-407.

(5) Olive DL, Lindheim SR, **Pritts EA**. Conservative surgical management of uterine myomas. Obstet Gynecol Clin North Am 2006 Mar; 33(1):115-24.

(6) Steinauer J, **Pritts EA**, Jackson R, Jacoby A. Systematic review of mifepristone for the treatment of uterine leiomyomata. Obstet Gynecol 2004; 103:1331-6.

(7) Olive DL, Lindheim SR, **Pritts EA.** New medical treatments for endometriosis. Best Pract Res Clin Obstet Gynecol 2004; 18:319-28.

(8) Olive DL, Lindheim SR, **Pritts EA**. Non-surgical management of leiomyoma: impact on fertility. Curr Opin Obstet Gynecol 2004; 16:239-243.

(9) Wei AY. **Pritts EA**. Therapy for Polycystic Ovarian Syndrome. Curr Opin Pharmacol 2003; 3:678-82.

(10) Lindheim SR, Adsuar N, Kushner DM, **Pritts EA**, Olive DL. Sonohysterography: a valuable tool in evaluating the female pelvis. Obstet Gynecol Surv 2003 Nov; 58(11):770-84.

(11) Olive DL, Lindheim SR, **Pritts EA**. Endometriosis and Infertility: What do we do for each stage? Current Womens Health Report 2003 Oct; 3(5):389-94.

(12) **Pritts EA**, Taylor RN. An evidence-based evaluation of endometriosis-associated infertility. Endocrinol Metab Clin North Am 2003 Sep; 32(3):653-67.

(13) **Pritts EA**. Treatment of the infertile woman with Polycystic Ovarian Syndrome. Obstet Gynecol Surv 2002; 57:587-597.

(14) **Pritts EA**, Atwood A. Luteal Phase support in infertility treatment: A meta-analysis of the randomized trials. Hum Reprod 2002; 17:2287-2299.

(15) Olive DL, **Pritts EA**. The Treatment of Endometriosis: a Review of the Evidence. Ann NY Acad Sci 2002; 955:360-72.

(16) **Pritts EA**, Taylor RN. Endometriosis. In WWW.ENDOTEXT.ORG. March 1, 2002.

(17) **Pritts EA**. Fibroids and Infertility: A Systematic Review of the Evidence. Obstet Gynecol Surv 2001; 56(8); 483-9.

(18) Olive DL, **Pritts EA**. Treatment of Endometriosis. New England J of Med 2001; 345(4):266-75.

(19) **Pritts EA**, Palter SF, Olive DL. Microlaparoscopy and Its Role in the New Era of Gynecology. Contemp Obstet Gynecol 1999; 44:71-79.

(20) **Pritts EA**, Duleba AJ, Olive DL. Evidence-Based Medicine: Evaluating Diagnostic Tests. JAAGL 1999; 6(1):105-12.

(21) Eige S, **Pritts EA**, Palter SF, Olive DL. Anesthesia for Office Endoscopy. Obstet Gynecol Clin NA 1999; 26:99-108.

(22) Olive DL, **Pritts EA**, Morales AJ. Evidence-Based Medicine; Study Design for Evaluation of Treatment. JAAGL 1998; 5:75-82.

(23) Olive DL **Pritts EA.** What is Evidence-Based Medicine? JAAGL 1997; 4:615-21.

- **Book Chapters**

(1) Olive DL, Lindheim SR, **Pritts EA.** Data collection in surgical studies and evidence-based medicine. In: The Treatment of Endometriosis, C. Sutton editor, Martin Dunitz, London, 2004.

(2) **Pritts EA.** The endometrium and angiogenesis. In: Endometriosis in Clinical Practice, David L. Olive editor. Martin Dunitz Publishers, London, 2004.

(3) Olive DL, **Pritts EA.** The Surgical Treatment of Endometriosis. In: Chirurgie Laparoscopica Ginecologica. Principii si Tehnici. George Peltecu, editor. All Publishing, Bucharest, 2000, 92-99.

- **Online Reviews**

(1) Breastlink.org; December 2005; "Anti-Depressant Reduces Hot Flashes"; Review of study from Journal of Clinical Oncology.

(2) Society for Reproductive Surgeons; 2005-Present; "The Effect of Humidified and Heated CO2 During Gynecologic Laparoscopic Surgery on Analgesic Requirements and Post Operative Pain".

(3) Society for Reproductive Surgeons; 2005-Present; "Laparoscopic Management of Ovarian Remnant".

- **Letters**

(1) Pritts EA, Parker WH. Predictive value of myomectomy. Fertil Steril; 2006 Sep; 86(3):769-70.

(2) Parker WH, Pritts EA, Olive DL. Uterine fibroids - impact on IVF and outcome of IVF pregnancies. Fertil Steril 2006 Apr; 82(3):763-764.

(3) Pritts EA, Parker WH. Predictive value of myomectomy. Fertil Steril;2005 85(4):e5.

- **Student Research Journals**

(1) Cedillo C, Zhao D, **Pritts EA**, Olive D. The role of estrogen receptor β in endometrial cell proliferation. J SRP BIOL 2004.

(2) Crawford C, Olive D, Zhao D, **Pritts EA.** Peritoneal macrophage adherence in women with and without endometriosis. J SRP Biol 2004.

- **Other**

(1) Armenti V, Townsend A, Domeracki G, **Pritts EA.** Pocket Guide for Nutritional Assessment and Support of the Adult Hospitalized Patient. Thomas Jefferson University Hospital, copyright, 1993.

(2) Jensch R, **Pritts EA,** Salwen J. The Histology Quizmaker. Thomas Jefferson University Hospital, copyright, 1991.

ABSTRACTS/ORAL PRESENTATIONS

1) Oschner JE, Riherd JM, Kliewer MA, Winter TC, **Pritts EA,** Olive DL, Sadiowski EA. The us mor magnetic resonance to evaluate tubal patency in women. For Oral Presentation at the Radiological Society of Norhta Maerica Annual Meeting, November 2006.
2) Jensen C, Zweifel J, Davidson M, **Pritts E,** Olive D, Lindheim SR. American Society for Reproductive Medicine Annual Meeting, Philadelphia, PA, October 2004. Comparative assessment of pre and post-donation attitudes with respect to potential oocyte and embryo disposition among ovum donors in an egg program. Poster.
3) Wei A, **Pritts E,** Olive D, Lindheim SR. American Society for Reproductive Medicine Annual Meeting, Philadeplphia, PA, October 2004. Comparison of cycle stimulation characteristics and clinical outcomes with GnRH-agonists and GNRH-antagonists in donor cycles using the donor as her own control. Poster.
4) **Pritts EA,** Zhao D, Schmuck E, Golos T, Olive DL. Society for Gynecologic Investigation Annual Meeting, Houston, TX, April 2004. The Distribution of Estrogen Receptor in the Endometrium of the Non-Human Primate. Oral Presentation.
5) **Pritts EA,** Ryan I, Meuller MD, Zaloudek CJ, Darney PD, Taylor RN. American Society of Reproductive Medicine Annual Meeting, Seattle, Washington, October 2002. "Angiogenic and proliferative effects of Norplant on Endometrial Histology. Oral Presentation.
6) **Pritts EA,** Ryan I, Meuller MD, Zaloudek CJ, Darney PD, Taylor RN. American Society of Reproductive Medicine Annual Meeting, Seattle, Washington, October 2002. Angiogenic and proliferative effects of Norplant on Endometrial Histology. Poster.
7) **Pritts EA,** Zhao D, Waite LL, Taylor RN. Endocrine Society Annual Meeting, San Francisco, California, June, 2002. PPAR-γ ligands decrease RANTES production in endometriotic stromal cells. Poster.
8) Modan A, **Pritts EA,** Cedars Marcelle, Fujimoto V. Pacific Coast Reproductive Society Annual Meeting, San Diego, CA, April, 2002. Day Four Versus Day Five Embryo Transfer in a Hormonally Supplemented Frozen In Vitro Fertilization Transfer Cycle..Poster.
9) **Pritts EA,** Bentzien F, Dong D, Waite L, Ricke E, Taylor RN. Society for Gynecologic Investigation Annual Meeting, Los Angeles, CA, March, 2002. RANTES attracts and activates human monocytes through multiple signaling pathways. Poster.
10) Zhao D, **Pritts EA,** Chao V, Savouret JF, Taylor RN. Endometriosis World Congress Annual Meeting, San Diego, CA, February 2002. "AHR Activation Stimulates Chemokine Production in an in Vitro Model of Endometriosis." Oral Presentation.
11) Zhao D, **Pritts EA,** Hornung D, Taylor RN. Endometriosis World Congress Annual Meeting, San Diego, CA, February 2002. "Epithelial-Stromal Interactions Induce RANTES Expression in Endometriosis." Oral Presentation.
12) **Pritts EA,** Zhao D, Waite L, Ricke L, Taylor RN. Endometriosis World Congress Annual Meeting, San Diego, CA, February 2002. PPAR γ Ligands Decrease RANTES Transcription and Translation in Vitro. Poster.

13) Zhao D, **Pritts EA**, Chao V, Savouret JF, Taylor RN. Endometriosis World Congress Annual Meeting, San Diego, CA, February 2002. AHR Activation Stimulates Chemokine Production in an in Vitro Model of Endometriosis. Poster.
14) Zhao D, **Pritts EA**, Hornung D, Taylor RN. Endometriosis World Congress Annual Meeting, San Diego, CA, February 2002. Epithelial-Stromal Interactions Induce RANTES Expression in Endometriosis. Poster.
15) Shen S, Ho C, Wong C, **Pritts E**, Cedars M, Fujimoto V. American Society for Reproductive Medicine Annual Meeting, Orlando, Florida, October 2001. Coculture with Buffalo Rat Liver Cells Enhanced Day-3 Embryo Development in Poor Prognosis Patients. Poster.
16) Mueller MD, **Pritts EA**, Taylor RN. Society of Gynecologic Investigation Annual Meeting, Toronto, Canada, March 2001. Endometrial Angiogenic Activity of Tamoxifen In Vitro and In Vivo. Poster.
17) Olive DL, **Pritts EA**, Parkash V. International Society of Gynecologic Endoscopy Annual Meeting, Montreal, Canada, Apr 1999. Endometrial Cryoablation: The Carmen Study. Poster.
18) Bannon J, Marks G, **Pritts EA**. American College of Colon and Rectum Surgeons, Chicago, IL, May 1993. Nodal Involvement as Predictor for Post-irradiated Rectal Carcinoma. Poster.
19) Macones G, Schemmer G, **Pritts, EA**. Society of Perinatology, San Francisco, CA, Feb 1993. Multifetal Reduction of Triplets and Perinatal Outcome. Poster.

ACADEMIC ACTIVITIES AND PRESENTATIONS

- **National Presentations (Invited)**

(1) Invited Lecture; "New treatment modalities for fibroids". AAGL 24th Annual Meeting: Advancing Minimally Invasive Gynecology Worldwide, Chicago, Ill, USA. November 2005

(2) Invited Lecture; "Observation, Destruction or Removal of Myomas?" AAGL 33rd Annual Meeting - Advancing Minimally Invasive Gynecology Worldwide, San Francisco, CA, USA. November 2004.

(3) Invited Professor; Winfred L Wiser Lectureship in Gynecologic Surgery. University of Mississippi, Jackson, Mississippi, USA. June, 2003.

(4) Moderator; "Resolved: That intramural Myomas Should Be Removed in the Infertile Patient. Global Congress on Endoscopy, San Francisco, California, USA. November 2001.

(5) Invited Presentation; "Endoscopic Reproductive Surgery: A Review of the Evidence." American Association of Gynecologic Laparoscopy Postgraduate Surgery Course, Texas, USA. February 2000.

(6) Invited Presentation; "Minimally Invasive Surgery for Fibroids." Frontiers in Reproduction Course, Wood's Hole, Massachusetts, USA. June 1999.

(7) Invited Presentation; "Clinical Female Infertility and Gynecology" American Society for Reproductive Medicine, Philadelphia, Pennsylvania, USA. October 2004.

(8) Invited Presentation; "Dysfunctional Uterine Bleeding and Angiogenesis" Annual Research Symposium, University of Wisconsin, Madison, Wisconsin. October 2004.

- **International Presentations (Invited)**

  (1) Invited Presentation; "Growth Hormone, Estrogen and the Menopause: is there a link?" Growth Hormone and Growth Factors - Metabolic Disorders Course, Marstrand, Sweden. May, 2001.

- **Local Presentations (Invited)**

  (1) Invited Presentation; " Modern Treatments of Infertility" University of Wisconsin Endocrine Department, Madison, Wisconsin February 2007.

  (2) Invited Presentation; "Abnormal Uterine Bleeding and Angiogenesis". Endocrine Grand Rounds, Madison, Wisconsin. November 2005.

  (3) Invited Presentation; "Abnormal Uterine Bleeding and Angiogenesis" Obstetrics and Gynecology Grand Rounds, Madison, Wisconsin. September 2005

  (4) Invited Presentation; "Menopause and Hormone Replacement Therapy". Kaiser Hospital, Oakland, California. April, 2002.

  (5) Invited Presentation; "The Breast". Alta Bates Hospital, Oakland, California. March, 2002.

  (6) Invited Presentation; "Conflict and the Power Differential". University of California, San Francisco, California. February, 2002.

  (7) Invited Presentation; "Fibroids and Infertility". Kaiser Hospital, Oakland California. January, 2002.

- **Community Presentations**

  (1) Invited Presentation; "Fertility and You"; University of Wisconsin Hospital, Madison, Wisconsin; October 2005.

  (2) Invited Presentation; "Unique Issues Facing Young Female Cancer Survivors"; University of Wisconsin Health Science Learning Center, Madison, Wisconsin; May 2005.

  (3) Invited Presentation; "Older Women Turn to In-Vitro Fertilization"; Channel 4 News, Madison, Wisconsin; November 2004.

  (4) Invited Presentation; "Building Non-Traditional Families; Rainbow Families Conference, Milwaukee, Wisconsin; May 2003.

- **Community Articles**

  (1) Wisconsin Women; "Infertility Help"; April 2006

- **Student/Resident Teaching**

(1) Instructor; Medical Students; "Reproductive Physiology" University of Wisconsin Medical School, Madison, Wisconsin; April 2003. Approximately 150 students: two hour lecture.

(2) Instructor Quarterly Lectures; Third Year Medical Students; "Ectopic Pregnancy" University of Wisconsin Medical School, Madison, Wisconsin; 2002-Present. Approximately 10 students: one hour lecture each five weeks.

(3) Instructor Quarterly Lectures; Third Year Medical Students; "Menopause" University of Wisconsin Medical School, Madison, Wisconsin; 2002-Present. Approximately 10 students: one hour lecture each five weeks.

(4) Instructor Quarterly Lectures; Resident Staff, Department of Obstetrics and Gynecology; "Minimally Invasive Surgery" University of Wisconsin Medical School, Madison, Wisconsin; 2002-Present. Approximately 7 residents: one hour lecture each quarter.

(5) Instructor Quarterly Lectures; Resident Staff, Department of Obstetrics and Gynecology; "Evidence Based Medicine" University of Wisconsin Medical School, Madison, Wisconsin; 2003. Approximately 25 residents: one hour lecture.

(6) Instructor; "The Physiology of Reproduction." University of California at San Francisco School of Medicine, California, USA. May 2001. Approximately 20 students: 15 hour course.

(7) Director; Basic Operative Laparoscopy Resident Training, Yale New Haven Hospital, New Haven Connecticut. 1997. Approximately 25 residents: 8 hour course.

(8) Faculty; Operative Hysteroscopy Resection and Ablation, The Advanced Training Institute for Gynecologic Health. Aug 1997. Approximately 200 physicians: 8 hour course.

- **Leadership**

(1) Member; Research Committee. American Association of American Laparoscopists. 2004-present.

(2) Member; Meriter Hospital Credentialing Committee. 2007

(3) Director; Grand Rounds and CME activities. Department of Obstetrics and Gynecology, University of Wisconsin, Madison. 2002- 2006.

(4) Member, University Hospital Credentials Committee, September 2002- 2004.

(5) Resident Representative; ACGME Internal Review Committee for Yale New Haven Hospital, New Haven, Connecticut. 1995-1998.

(6) Resident Representative; Obstetrics and Gynecology Residency Reformation Committee. 1997 - 1998.

(7) President; Jefferson Emergency Medical Society, Jefferson Medical College. 1992 - 1994.

(8) Co-founder; Women in Medicine, Jefferson Medical College. 1991 - 1994.

(9) Co-chair; Ob/Gyn Syms Society, Jefferson Medical College. 1993 – 1994.

(10) Editor; Jefferson Medical College Student Newspaper. 1992-1993.

(11) Student Council; Jefferson Medical College. 1992-1993.

(12) Residency Director; REI Division. 2002-2005

- **National Memberships**

(1) American Medical Association

(2) American Society for Reproductive Medicine

(3) American Association of Gynecologic Laparoscopists

(4) American College of Obstetrics and Gynecology

Leadership Training

(1) American College of Obstetrics and Gynecology; Leadership Training in Women's Health Policy; June 2002.

Editorial Boards

(1) Journal of Experimental and Clinical Assisted Reproduction; 2005-2006.

Ad Hoc Reviewer

(1) Journal of the American Medical Association

(2) Human Reproduction

(3) Evidence Based Obstetrics and Gynecology

(4) Treatments in Endocrinology

(5) Journal of Lymphoma and Leukemia

(6) European Journal of Endocrinology

(7) European Journal of Obstetrics and Gynecology and Reproductive Biology

Mentees

Undergraduate:

(1) Eric Schmuck, Postgraduate Research, 2003-2005.

(2) Cindy Cedillo, Undergraduate Summer Research Program, Center for Biology Education University of Wisconsin Madison, 2005.

(3) Endia Crawford, Undergraduate Summer Research Program, Center for Biology Education University of Wisconsin Madison, 2005.

Medical School:

(1) Katherine Roman, University of Wisconsin Madison Medical School, 2006-2007.

(2) Kelly L. Peters, University of Wisconsin Madison Medical School, 2005-2006.

(3) Richard Chlouber, University of Wisconsin Madison Medical School, 2004-2005.

(4) Charmian Velazquez, University of Wisconsin Madison Medical School, 2005-2006.

Resident/Graduate Students:

(1) Alex Wei, University of Wisconsin Madison OB-GYN resident, 2003-2005.

(2) Reneita Ross, University of Wisconsin Madison OB-GYN resident, 2003-2005.

(3) Heather Genovesi, University of Wisconsin Madison, OB-GYN resident, 2003-2006.

Junior Faculty Members:

(1) Janine Kruger,MD. Staff at University of Wisconsin, Madison, 2002-2005.

(2) Laura Berghan, MD. Staff at University of Wisconsin, Madison,, 2005.

(3) Tova Ablove, MD. Staff at University of Wisconsin, Madison, 2004-2005.

(4) Laura Sabo, MD. Staff at University of Wisconsin, Madison, 2006.